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| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVENT  | OR  | ATTO   | RNEY DOCKET NO.   | CONFIRMATION NO.   |
| 10/623,316 07/17/2003 Robert W. Childers 3712044-00439 3437 ITTLE OF INVENTION: SYSTEMS AND METHODS FOR PERFORMING PERITONEAL DIALYSIS   |  |   |   |   |  |   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DU  | E PREV. PAID ISS  | UE FEE   | TOTAL FEE(S) DUE  | DATE DUE   |
| nonprovisional   | NO .   | \$1510  | \$300   | \$0   |  | \$1810  | 12/07/2010   |
| EXAMINER   |  | ART UNIT  | CLASS-SUBCLASS  | 7   |  |   |  |
| CHAPMAN  | , GINGER T   | 3761  | 604-411000  | _   |  |   |  |
| CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind  | ence address or indication<br>condence address (or Cha<br>B/122) attached.<br>ication (or "Fee Address"<br>)2 or more recent) attach | or agents OR, altern (2) the name of a si registered attorney of  | f up to 3 registered patent attorneys lternatively,  a single firm (having as a member a ley or agent) and the names of up to gent attorneys or agents. If no name is   |   |  |   |  |
| ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Baxter International Inc.  Baxter Healthcare S.A.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Deerfield, Illinois  Glattpark (Opfikon) Switzerland  Please check the appropriate assignee category or categories (will not be printed on the patent):  |  |   |   |   |  |   |  |
| a. The following fee(s) are submitted:    Solution   So |  |   |   |   |  |   |  |
| a. Applicant claim  OTE: The Issue Fee and   | tus (from status indicated<br>s SMALL ENTITY statu<br>d Publication Fee (if requ   | s. See 37 CFR 1.27.   | b. Applicant is no l  |   |  |   | R 1.27(g)(2). e assignee or other party in   |
| Authorized Signature   | 41   | tes Patent and Trademark  | Office.   | Date Dece   | mber   | 1, 2010   | · · · · · · · · · · · · · · · · · · ·  |
| Typed or printed name Philip A. Kunz   |  |   | Registration No. 62,290   |   |  |   |  |
| his collection of inform<br>n application. Confident<br>ubmitting the completed<br>its form and/or suggesti<br>ox 1450, Alexandria, V<br>lexandria. Virginia 223   | ons for reducing this but<br>irginia 22313-1450. DO  | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C   | on is required to obtain of 1.14. This collection is depending upon the incention off COMPLETED FORMS   | or retain a benefit by<br>estimated to take 12<br>lividual case. Any c<br>icer, U.S. Patent and<br>TO THIS ADDRES | the publi<br>minutes<br>omments<br>i Tradem<br>S. SENI | ic which is to file (and<br>to complete, including<br>s on the amount of tin<br>lark Office, U.S. Depa<br>of TO: Commissioner f | by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, |

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